

Clark School District

220 North Clinton Street
Clark, SD 57225

Jennifer Heggelund

MS/HS Principal (605) 532-3605 #2

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Business Manager (605) 532-3605 #4
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Mission Statement: To engage and educate each student academically & socially in order that he or she may reach THEIR potential as a productive member of society.

One Request Form Per School

Date of Request: _____

Name: _____

D.O.B. _____ Grade: _____

Name: _____

D.O.B. _____ Grade: _____

Name: _____

D.O.B. _____ Grade: _____

Please send us the following:

Transcript of student's grades

Standardized test results

Immunization records

Birth certificate

Most recent I.E.P

All current SPED eligibility & evaluation reports

Psychological reports

Athletic physical forms

Any other information which assist in the enhancement of the education experience of this student

It's not necessary for parents to sign a release when records are being passed from public school to public school. Note Federal Register, Thursday, June, 17th, 1976, Part II HEW-Privacy Rights of Parents and Students. Final rule on education records. (Vo 141, #118-24673)

Parent's Signature _____

Past School's Name _____

Past School's Phone Number: _____

CLARK SCHOOL DISTRICT #12-2
Student Registration Information
 (to be completed by a parent/guardian for each child enrolled)

School: _____ Grade: _____ Date of Birth: ____ / ____ / ____ Gender: M ____ F ____

Student Name: _____ Documented Hearing Loss? Yes ____ No ____
 (Last) (First) (Full Middle Name)

Student SSN (Grades 9-12 only): _____ Student Cell Phone: _____

Last School Attended: _____
 (Name) (Address) (City) (State) (Zip)

Home Address: _____
 (Street) (PO Box #) (City) (County) (State & Zip)

Status of Parents: Married ____ Divorced ____ Separated ____ Single ____ Deceased (identify) ____
 Please list any changes in family status this past year. (births, deaths, parent or guardian status)

SIBLINGS: Please list siblings			
NAME (First, M.I., Last)	Date of Birth	Relationship to student	School Status
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	_____	_____

ADULTS: Please list all adults who live at the address listed above. (parents, guardians, other adults)				
NAME (First, M.I., Last)	Relationship to Student	Date of Birth (If attended CSD)	Cell Phone	Work Phone
_____	_____	____ / ____ / ____	_____	_____
Place of Employment: _____			Email Address: _____	
Active Military? Yes / No				
NAME (First, M.I., Last)	Relationship to Student	Date of Birth (If attended CSD)	Cell Phone	Work Phone
_____	_____	____ / ____ / ____	_____	_____
Place of Employment: _____			Email Address: _____	
Active Military? Yes / No				
NAME (First, M.I., Last)	Relationship to Student	Date of Birth (If attended CSD)	Cell Phone	Work Phone
_____	_____	____ / ____ / ____	_____	_____
Place of Employment: _____			Email Address: _____	
Active Military? Yes / No				

COMPLETE INFORMATION ON THE BACK OF THIS FORM → → → →

SECONDARY HOUSEHOLD: If we should send double mailings to another household, please provide the information here:

NAME (First, M.I., Last)	Relationship to Student	Date of Birth (If attended CSD)	Cell Phone	Work Phone
_____	_____	____/____/____	_____	_____
Place of Employment: _____				Active Military? Yes / No
Email Address: _____				

ALLERGIES TO MEDICATION/FOOD: _____

TYPE OF TRANSPORTATION TO SCHOOL: (circle all that apply) Car Bus Walks Drives Self

ALTERNATE EMERGENCY: In case of an emergency, the school will attempt to contact you to secure your assistance and care. Because you may not always be available, please list other persons available during school hours whom the school is authorized to contact so that your child may be given assistance:

Name: (First & Last)	Relationship to student:	Home Phone:	Cell Phone:	Work Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PHYSICAL DISABILITIES: _____

EDUCATION: (Please Circle)

- Is your child on suspension or expulsion from a different school district? **Yes / No**
 - Is your child open enrolled from another school district? **Yes / No**
 - Do you live outside of the Clark School District? **Yes / No**
 - Does your child receive educational assistance or an IEP/504 plan? **Yes / No**
- If "yes" to any of the above questions, please explain: _____

ETHNICITY: Circle One: Is student Hispanic or Latino? (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) Yes / No

RACE: Circle all that apply: What is the student's race? (Regardless of how you answered the first question, circle all that apply.)

- 1. **American Indian or Alaskan Native;** (A person having origins in any of the original (indigenous) peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- 2. **Asian;** (Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.)
- 3. **Black or African American;** (A person having origins in any of the black racial groups of Africa.)
- 4. **Native Hawaiian or Other Pacific Islander;** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- 5. **White;** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

LANGUAGE:

A school district may administer a home language survey to students enrolled in the district as the first screening process to identify students with limited English proficiency and help facilitate effective district-household communication.

- 1. What is the language most frequently spoken at home? _____
- 2. Which language did your child learn when he/she first began to talk? _____
- 3. What language does your child most frequently speak at home? _____
- 4. What language do you most frequently speak to your child? _____
- 5. What language do you prefer the school communicate with you? _____
- 6. Did your family move to the district for agriculture related work/jobs? Yes / No
- 7. Student's Birth Country: _____
- 8. Date Student Entered U.S.: _____
- 9. Date Student Enrolled in U.S. School: _____

RESIDENCE: Do you and your children currently live with an extended family member or friend? (Please Circle) **Yes / No**
Are any of the students you are enrolling foster children or living with their legal custodial guardian? (Please Circle) **Yes / No**

PERMISSIONS:

I give permission for my child to attend: (Please circle)

- Field trips: Yes / No School activities: Yes / No
- To use photo for publication in local newspaper, newsletters, yearbook, or school website: **Yes / No**

Please list any medical conditions / medications needed at school /allergies (food, etc.).

→ **SIGNATURE OF PARENT OR GUARDIAN:** _____ **DATE:** _____

**CLARK SCHOOL DISTRICT #12-2
NEW STUDENT ENROLLMENT: SPECIAL SERVICES BACKGROUND INFORMATION**

STUDENT NAME:		BIRTHDATE:
PARENT/GUARDIAN NAME:		GRADE:

SPECIAL SERVICES INFORMATION

Does your child currently have an Individual Education Plan (IEP)? Yes No

If yes, please mark what special education services your child is currently receiving:

- | | |
|---|---|
| <input type="checkbox"/> Special Education/Resource | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Speech/Language/Articulation | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Psychological/Counseling | <input type="checkbox"/> Other: _____ |

Does your child currently have a 504 Plan? Yes No

Does your child currently have a Behavior Plan? Yes No

HOME LANGUAGE INFORMATION

In order to identify students with limited English proficiency, please answer the following questions:

What language is *most frequently* spoken at home? _____

What language does your child *most frequently* speak at home? _____

What language do you *most frequently* speak to your child? _____

What language did your child learn when he/she first began to talk? _____

Does your child currently receive English as a Second Language (ESL) or English Language Learner (ELL) services? Yes No

FOR OFFICE USE ONLY

Date paperwork was received from parent: _____

Date Special Services Staff was notified: _____

Date records were received from previous school: _____